

# PLAYS

## Youth Sports Scholarship Program

### Family Benefits

#### FULL SCHOLARSHIP

- Full League Registration Fee
  - Athlete Physical Exam
- Assistance with additional costs not covered in League Fee
- Healthy Family Living Handbook
- AYSA Youth Sports Newsletter Subscription
- 1 Hour "Healthy Family" Workshop
  - \* Healthy Cooking
  - \* Healthy Budgets
  - \* Healthy Relationships

#### PARTIAL SCHOLARSHIP

- Up to ½ League Registration Fee
  - Athlete Physical Exam
- Healthy Family Living Handbook
- AYSA Youth Sports Newsletter Subscription

### Family Participation

- Athlete must be between the ages of 5-15
- Athlete is requested to attend at least 75% of scheduled practices and games
- Family member is requested to assist with at least one (1) league volunteer opportunity during the scholarship season
- Family is requested to complete a **PLAYS** evaluation at the end of the scholarship season
- Family Member is requested to attend one (1) "Healthy Family" Workshop (*Full Scholarship Option*)

# PLAYS Application

(Must be completed in full for scholarship consideration)

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ ( ) Male ( ) Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

#### PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$ \_\_\_\_\_ Total Family Members in Home: \_\_\_\_\_  
(*Proof of Household Income is required: Copy of Paycheck, or Gov't. Assistance Check, or W-2 Statement*)

##### Father

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Ann. Income: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

##### Mother

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Ann. Income: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

##### Guardian

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Ann. Income: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Athlete Lives With: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Scholarship Requested: ( ) Full ( ) Partial Scholarship Request Amount: \$ \_\_\_\_\_

Youth League: \_\_\_\_\_ Season: ( ) Winter ( ) Spring ( ) Summer ( ) Fall

Recommended To **PLAYS** by: \_\_\_\_\_ Phone: \_\_\_\_\_

I UNDERSTAND THAT MY SIGNATURE AUTHORIZES AYSA TO OBTAIN VERIFICATION OF ALL INFORMATION ON THIS APPLICATION, AND ADDITIONAL INFORMATION MAY BE NECESSARY. I CERTIFY THAT ALL OF THIS INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT SIMPLY COMPLETING THIS APPLICATION DOES NOT IN ANY WAY GUARANTEE MY RECEIVING FINANCIAL ASSISTANCE FROM AYSA. I UNDERSTAND THAT THIS PROGRAM REQUIRES MY CHILD'S PARTICIPATION IN 75% OF SCHEDULED GAMES AND PRACTICES..

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Submit Application to: AYSA ~ 1135 EN 10th St. ~ Abilene, TX 79601